



## Complete Summary

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### TITLE

Cholesterol screening: percentage of male patients aged 40 years or older and female patients aged 50 years or older who had at least one cholesterol screening test in the last five years.

### SOURCE(S)

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

#### Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of male patients aged 40 years or older and female patients aged 50 years or older who had at least one cholesterol screening test in the last five years.

### RATIONALE

The 1998 guidelines for prevention of cardiovascular disease recommend that males aged 40 years and older, and females 50 years of age or older undergo cholesterol screening every five years. These are the most conservative of the current guidelines (many others recommend more frequent testing often starting at a younger age).

### PRIMARY CLINICAL COMPONENT

Cholesterol; screening

#### DENOMINATOR DESCRIPTION

Male patients aged 40 years or older and female patients aged 50 years or older assigned to a family physician (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

#### NUMERATOR DESCRIPTION

Number of patients from the denominator who had at least one cholesterol screening test in the last five years

### Evidence Supporting the Measure

#### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- Focus groups
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Use of this measure to improve performance  
Variation in quality for the performance measured

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

### State of Use of the Measure

#### STATE OF USE

Current routine use

#### CURRENT USE

Internal quality improvement  
Quality of care research

## Application of Measure in its Current Use

### CARE SETTING

Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

### TARGET POPULATION AGE

- Males greater than or equal to 40 years
- Females greater than or equal to 50 years

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Telephone survey results from the U.S. Behavioural Risk Factor Surveillance System indicated a wide variation between state-specific rates. The target rate of screening for the year 2000 was 75% of the eligible population. Only nine states reached this target, with rates ranging from 60% to 80%. No comparable data exist for Canada, but our results are similar or better than the population rates for 19 U.S. states.

### EVIDENCE FOR INCIDENCE/PREVALENCE

Centers for Disease Control and Prevention (CDC).. State-specific cholesterol screening trends--United States, 1991-1999. MMWR Morb Mortal Wkly Rep 2000 Aug 25; 49(33): 750-5. [PubMed](#)

### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

### BURDEN OF ILLNESS

Unspecified

## UTILIZATION

Unspecified

## COSTS

Unspecified

# Institute of Medicine National Healthcare Quality Report Categories

## IOM CARE NEED

Staying Healthy

## IOM DOMAIN

Effectiveness

# Data Collection for the Measure

## CASE FINDING

Users of care only

## DESCRIPTION OF CASE FINDING

Male patients aged 40 years or older and female patients aged 50 years or older assigned to a family physician (see the "Denominator Inclusions/Exclusions" field)

## DENOMINATOR SAMPLING FRAME

Patients associated with provider

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusion

Male patients aged 40 years or older and female patients aged 50 years or older assigned\* to a family physician

\*A patient is allocated to the physician with the most visits (as defined by cost). In the case of a tie, the patient is allocated to the physician with the greatest total cost. Total cost calculations include direct care (i.e., visits) and indirect care (i.e., referrals to other physicians or for services such as lab tests and x-rays).

### Exclusion

Unspecified

## RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

#### DENOMINATOR (INDEX) EVENT

Patient Characteristic

#### DENOMINATOR TIME WINDOW

Time window is a fixed period of time

#### NUMERATOR INCLUSIONS/EXCLUSIONS

##### Inclusion

Number of patients from the denominator who had at least one cholesterol screening test in the last five years

##### Exclusion

Unspecified

#### MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative data

Laboratory data

Registry data

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Rate

## INTERPRETATION OF SCORE

Better quality is associated with a higher score

## ALLOWANCE FOR PATIENT FACTORS

Unspecified

## STANDARD OF COMPARISON

External comparison at a point in time

## Evaluation of Measure Properties

## EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

## ORIGINAL TITLE

Cholesterol screening.

## MEASURE COLLECTION

[Indicators of Quality in Family Practice](#)

## MEASURE SET NAME

[Disease Prevention/Health Promotion](#)

## DEVELOPER

Manitoba Centre for Health Policy

## ADAPTATION

Measure was not adapted from another source.

## RELEASE DATE

2004 Mar

## MEASURE STATUS

This is the current release of the measure.

## SOURCE(S)

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

## MEASURE AVAILABILITY

The individual measure, "Cholesterol Screening," is published in "Using Administrative Data to Develop Indicators of Quality in Family Practice." This document is available in Portable Document Format (PDF) from the [Manitoba Centre for Health Policy Web site](#).

For further information, contact: Manitoba Centre for Health Policy, Department of Community Health Sciences, Faculty of Medicine, University of Manitoba, 4th Floor, Room 408, 727 McDermot Ave, Winnipeg, Manitoba R3E 3P5; telephone: (204) 789-3819; fax: (204) 789-3910; Web site: [www.umanitoba.ca/centres/mchp](http://www.umanitoba.ca/centres/mchp).

## NQMC STATUS

This NQMC summary was completed by ECRI on April 18, 2006. The information was verified by the measure developer on May 1, 2006.

## COPYRIGHT STATEMENT

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